

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO2000004241

1. Entity Name

INTERNATIONAL SOCCER & FUTSAL LEAGUE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

4924 EAGLESMERE DR.
APT. # 311
ORLANDO FL 32819

4924 EAGLESMERE DR.
APT. # 311
ORLANDO FL 32819

FILED

03 JUL 31 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-44-99-318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARON, VICTOR A "D" (DIRECTOR)
4924 EAGLESMERE DR.
APT. # 311
ORLANDO, FL FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

VICTOR A. SHARON

(NOTE: Registered Agent signature required when reinstating)

07/10/03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, OMAR	
STREET ADDRESS	5169 LOMA VISTA CIRCLE APT #105	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHARON, ROCIO "D" (DIRECTOR)	
STREET ADDRESS	4924 EAGLESMERE DR. APT. #311	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TOVAR, ALEYDA	
STREET ADDRESS	5169 LOMA VISTA CIRCLE APT #105	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA SOLANO "D" (DIRECTOR)	
STREET ADDRESS	4924 EAGLESMERE DR. APT #335	
CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARDO MEJIA	
STREET ADDRESS	432 BEANYON TREE CIRCLE APT #102-B	
CITY-ST-ZIP	MAITLAND FL. 32751	
TITLE	DIRECTOR OF TRAINING & EDUCATION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTOR FERREIRO	
STREET ADDRESS	9 LAKEWOOD PARK DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/03

Date

Daytime Phone #

(407) 226-0128

CR2E037 (4/03)